

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25808

FILED JUL 31 1957

| | | | | | | | | | |
|---|--|------------------------------------|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 310 | | PRIMARY REG. DIST. NO. 3058 | | Registrar's No. 189 | | | |
| 1. PLACE OF DEATH a. COUNTY St. Charles | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Charles Hospital | | | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. John | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | | | e. STREET ADDRESS (If rural, give location) 9025 ST. Louis Ave. 89230 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W. c. (Last) DODD | | | | 4. DATE OF DEATH (Month) (Day) (Year) July 24 1957 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH FEB-13-1895 | | | |
| 9. AGE (In years last birthday) 62 | | 10. MONTHS Days | | 11. BIRTHPLACE (City and State or Foreign Country) ST. Louis - Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN | | | | 10b. KIND OF BUSINESS OR INDUSTRY ENGRAVING | | 11. BIRTHPLACE (City and State or Foreign Country) ST. Louis - Missouri | | | |
| 13a. FATHER'S NAME William S. Dodd | | | | 13b. MOTHER'S MAIDEN NAME FANNIE - STEVENSON | | 14. NAME OF HUSBAND OR WIFE Martha Dodd | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WORLD WAR I | | | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Dodd, 9025 St. Louis Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from July 21, 1957, to July 24, 1957, that I last saw the deceased alive on July 24, 1957, and that death occurred at 11:00 A.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) B. J. Cawoy M.D. | | | | 23b. ADDRESS St. Charles, Mo. | | 23c. DATE SIGNED July 24, 1957 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE July 26 1957 | | 24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MISSOURI | | | |
| DATE REC'D BY LOCAL REG. July 24 | | REGISTRAR'S SIGNATURE Hazel Lawler | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 31 1957
AUG 8 1957

OCT 4 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.